

Interview with former HMC Stephen Burwinkel, corpsman aboard USS *Kirk* (DE-1087) during Operation Frequent Wind, April 1975. Conducted by Jan K. Herman, Historian of the Navy Medical Department, Pensacola, FL, 16 December 2008.

On 29 and 30 April 1975 things started hopping out there. How do you remember this whole thing beginning with Operation Frequent Wind? How did you hear about it? What was your reaction to it?

Initially the refugees came out to us in South Vietnamese helos. We were pretty well maxed out with about 150 refugees aboard ship. So we were just steaming. Then we ended up down at Con Son Island where we rendezvoused with what was left of the Vietnamese navy, for the most part ships that the United States had lend leased them. These were Coast Guard cutters, landing craft, and vessels of that nature. But they were loaded down with so many refugees that it became apparent to us that we needed to do some sort of support for these people. We used a swift boat to steam up and down the columns of Vietnamese ships. I would go aboard these ships and see what I could do medical-wise.

There were some people who were in pretty bad shape. One of the ships had a Vietnamese chief petty officer who had been shot in the stomach. I tried to triage him out of the picture. As it turned out, he kept reappearing. I think the Vietnamese thought we could work miracles. But he ended up back aboard the *Kirk* and I really didn't think there was anything we could do for him. I started an IV on him, taught one of the crewmembers to change the IV, take his blood pressure, and gave him directions as to not give him anything to eat or drink.

Of course, I'm getting ahead of myself in time because you're probably wondering what my third class corpsman was doing. He was busy taking care of the five ladies who were very pregnant and about to deliver.

You had these women that CAPT Jacobs had brought aboard with the hope that one of them was going to deliver. Can you tell that story.

Yes. CAPT Jacobs both in a humanitarian effort and, I'm sure not a selfish effort, realized that if we could get these women aboard ship, they would have at least a chance to deliver under some sort of medical supervision and, of course, the child would automatically be a U.S. citizen. When the final count came about we had five. The first class petty officers had taken an area at the very aft end of the ship called the "ball room," which was originally designed when that ship was commissioned to house some anti-submarine and anti-ship torpedoes. They subsequently decided not to do that. So it was used for various storage purposes. The first class petty officers had made quite a nice lounge back there for themselves. They very graciously agreed to give up the space, put some bunks and cots in there, and made it into a maternity ward.

Luckily for me and for them, they didn't deliver. One lady went into labor but stopped. I remember HM3 [Mark] Falkenberg saying, "Chief. What are we gonna do if one of these ladies has a baby?"

I said, "We're going to witness the miracle of birth, petty officer Falkenberg." I really wasn't apprehensive about it because early in my career I had spent time in Morocco in the delivery room and the maternity ward. While there are some things that can go wrong with deliveries, most of the time it's a pretty self-contained and easy procedure to do.

What did sick bay on *Kirk* look like?

The sick bay on *Kirk* was small. It was one space, probably about 10 by 5 feet in dimension. I had some cabinets in there, a small desk, and a table. There was enough room to have a patient and me or a patient and Petty Officer Falkenberg. It was a small setup.

Tell me about the CH-47 incident.

At that time we already had various Hueys land on the *Kirk*. We quickly realized that we couldn't take any more aboard her flight deck. So our flight deck was fouled with two Hueys. Our fantail had another Huey aboard. And it wouldn't have supported a '47 anyway. It was too big of a helicopter.

The '47 came out loaded with about 40 refugees, I suspect. He hovered over the fantail, dropped the ramp and the people aboard proceeded either to jump out onto the fantail, or, in the case of the small children, they were thrown out and our crewmen caught them. Of course, a couple of people fractured or sprained their ankles. The pilot then flew the helicopter off some distance, rolled it on its side, and put it in the water. He then jumped out. We rescued him with our motor whaleboat. I don't recall why I was aboard ship and not out on one of the other Vietnamese ships.

Once you got to Con Son Island, were you on deck and what did you see?

Of course, we saw all these Vietnamese ships. I didn't know how many there were-- perhaps 20 or 30 ships. We could see all these people on deck. I figured if those were the people we could see on deck, I figured there had to be at least twice that number below deck. As it turned out we later estimated that there were somewhere between 20,000 and 50,000. There were lots and lots of people.

And you knew that you were going to have lots and lots of business.

Yes I did. At that time our friends in the Air Force came through because I knew that quickly we would go through what supplies I had aboard ship. At least twice the Air Force sent out C-130s and they dropped various supplies in barrels. It was basically dressings, eye ointment, anti diarrheal medicine, baby diapers, and formula.

I recall you telling about one incident. You were in a swift boat going from ship to ship. And it was just you at that point. You were the medical care for roughly 30,000 people.

That's true.

You described an incident where you encountered several--let's say--former Vietnamese physicians. Tell me that story.

On one of the ships I discovered that there were two Vietnamese officers aboard who were physicians. One was army and one navy. And I thought, "Wow. This is really fortuitous!" They not only were physicians but spoke excellent English. And I told them what I was attempting to do. And that when I went back to the *Kirk* to get resupplied, I would bring back to them whatever supplies they needed such as stethoscopes, blood pressure cuffs, things like that. And they said, "No. The war for us is finis and we're finis with the war."

I looked at them with some curiosity and I said, "You mean you won't lend your medical expertise to help these people?"

And they said, “No. The war is over.” I had a gun but didn’t have any bullets in it. It’s a good thing I didn’t because I felt like shooting them both right on the spot. And that’s the last I saw of them.

There was an incident with another Vietnamese vessel in a sinking condition. Tell that story.

We went aboard one of the Vietnamese vessels. It was an LCI, as I recall. And when I went up to the bridge I could see that the vessel was very, very down by the bow. There was a young lieutenant who was the CO of that ship. And I said, “You do realize that your ship is sinking.”

He said, “Yes, I realize that.”

They had come alongside one of the Vietnamese coast guard cutters we had given them and taken some wooden planks and were attempting to get the people on the LCI over to the Vietnamese navy ship. They were doing a successful job of that except at one point there was one Vietnamese man who panicked, rushed forward, and knocked a young Vietnamese girl into the water. I didn’t see what happened to her but a Vietnamese navy officer went up behind this guy and immediately executed him right on the spot, shot him right in the back of the head and kicked him off the plank. It was a tragic thing to see but his action cost him his life.

There was another incident, a Vietnamese man who had a severely fractured leg. How did you treat it.

Yes. He had a compound fracture. A compound fracture is where the bone is actually protruding out through the skin. I don’t know whether he was in the Vietnamese army, navy, or was simply a refugee. But I realized that he needed immediate surgery of this compound fracture. If that fracture wasn’t reduced, the circulation might be compromised, and he would be facing amputation or even death.

At that time, we knew the USS *Flint* (AE-32), an ammunition ship, was in the area. They had an operating room and a couple of physicians aboard. So we made the decision to fly this gentleman over to the ship. At that time, we didn’t have a helicopter to fly. Our LAMPS was broken and in the hangar. But on our flight deck we had two Hueys. In the process of landing, one had nipped the rear end of another Huey with the blades of its rotor. So we had two Hueys up there. One was good for a front end and the other for a rear end. The chief in our flight det said, “No problem, we’ll take these apart and make a good helicopter. One of our LAMPS pilots was familiar with flying Hueys because he had flown one in HAL-3, which flew Hueys in the Mekong Delta.

So we loaded the injured man aboard in a Stokes litter and got him out to the ship and unloaded him. At that point the two pilots decided to have some fun with me. They said, “Are you strapped in back there, Doc?”

I could hear them through the intercom system in the helmet they gave me. And this Huey was all slicked out--no seats, just a deck with tie-downs. So they started doing some aerobatics in this helicopter, flying on its side. And I thought, “Oh, Lord.” So I began sliding towards the door and I thought, “I’m going to survive all this and I’m gonna fall out of the side of this helicopter about 5,000 feet and end up at the bottom of the ocean.” Then I realized that I was tied in and they were up there laughing. They had told me previously, “If something happens and we go into the water, you wait until all the rotors stop flailing around and then you

kick free of the helicopter, pull your two lanyards on your life jacket, it will inflate and you'll come to the surface." At that point I had the Vietnamese patient still in the litter.

And I said, "What about this chief?"

And they said, "He's had it. He'll buy the farm." But we delivered him, came back to the ship, and landed without incident.

While you were out shepherding all these ships and going from ship to ship, back aboard the *Kirk*, there were roughly 150 refugees. How were they being taken care of?

The refugees left on the *Kirk* while I was out were being care for by HM3 Falkenberg, who did an outstanding job. You must remember that many of these refugees were the upper crust. They were in relatively good health. They had been deprived of their normal nutrition for a few days and were under a tremendous amount of emotional strain. But other than that and the five pregnant women . . .

We had a young child. His mother was aboard ship with her five children. The child's father was in the Vietnamese navy, I believe, but on another ship. The child had pneumonia. We had calculated the pediatric dose for penicillin and treated his pneumonia and he was basically cured of his pneumonia. But unfortunately in the act of feeding him, he coughed, vomited, or somehow aspirated what his mother was feeding him and he died. And because of his compromised medical condition, he went into cardiac arrest and died.

At the time of his death I was out aboard one of the Vietnamese ships. They called over the radio and said that I was to report back to the ship immediately. But it was too late. There was nothing anyone could do. I felt very bad about that because he had survived what should have killed him but I guess 1 out of 20,000 isn't bad. Of course there may have been many other deaths that occurred; I'm just aware of them. But in this child's case, this was certainly a preventable death.

I did see a young girl who was brought to us by one of the many civilian ships that was out there. A Marine was in the process of giving this child mouth-to-mouth resuscitation but the child had been dead for at least an hour or so. I think that Marine was a real hero because whatever that child died of may have been contagious.

There were several conditions you ran into out there. One was conjunctivitis and chronic diarrhea.

For the most part we were able to take care of the diarrhea with Kaopectate. But the conjunctivitis is a very, very, very contagious disease. You have to remember that many of the Vietnamese had been exposed to a lot of sunlight which kept their eyes in a very irritated state. People would bring up buckets of seawater from the fantail of the ship because it was closer to the water. Unfortunately, the scuppers and the heads discharged raw fecal material in that area. So they were bringing up water that was contaminated. So a combination of the exposure to sunlight and the contaminated water caused the outbreak of conjunctivitis. For the most part, I was unsuccessful in convincing the people to not use that water because it was the only source of water they had to do any washing at all. Salt water showers and salt water washes are no fun but with the right amount of soap you could overcome the salt in the water. Unfortunately, the heads and the scuppers of those ships discharged from the fantail so they were essentially dipping contaminated fecal material in the water they were using to wash their faces and hands with. I tried to convince the various COs or people in charge of the ships to have them dip the water

from the fo'c'sle but that was too high out of the water and they weren't capable of lifting the buckets of water.

So I was very much afraid of that conjunctivitis spreading because it is a very virulent illness. If you've ever had pinkeye, your eyes swell shut and you can't see. It's usually spread by contaminated hands touching the eyes. I can guarantee that if one family member has it, someone else in that family is going to get it.

How did you treat it?

The refugees had two basic conditions. One was diarrhea and one was conjunctivitis. The diarrhea was common diarrhea, which I treated with Kaopectate. There's another form of diarrhea that you can only treat with an antimicrobial drug. Luckily they didn't have that variety. The conjunctivitis was another story. Many of them had it. Luckily I had a fairly good supply of antibiotic ophthalmic ointments, which was soon depleted. That was one of the items that the C-130s dropped in the barrels. It got to the point that I could give away ophthalmic ointments, I had so much of it.

What was your normal complement aboard the *Kirk*?

I believe the complement was 210. We might have had 210 the day we were commissioned but, in the Navy way, we had about 175 to 180 people. The scope of people we were treating were from 25,000 plus. That was daunting enough to me but I was young enough to have a big enough head that I wasn't afraid of that from a knowledge standpoint. But from a logistics standpoint, that was an obstacle that I wasn't sure I could overcome. The amount of supplies I had and that vast number of people, and the amount of time that it took. I didn't get a lot of sleep. I'd come back to the ship just before dark, grab a little bite to eat if I could, get a little shut eye, and then take off. I didn't want to take a chance of finding the *Kirk* again after dark. Not that I don't think we could have but the swift boat we were running around in was fast becoming mechanically unsound and I didn't want to be stranded out there after dark.

What happened when you got to Subic Bay?

The government of the Philippines decided that none of the ships could have any armament and none of them could come in, for political reasons, if they were still part of the Vietnamese government. At that point, peace negotiations were going on between the South Vietnamese and the North Vietnamese. So we took all the ammunition and all the weapons we could find and dumped them in the South China Sea. We then placed crewmen aboard the Vietnamese ships, lowered the Vietnamese flag, raised the American flag, and then took possession of those ships. After all, they hadn't been sold to the Vietnamese navy; they were similar to lend-lease in World War II. So we steamed into Subic Bay under the American flag and totally unarmed.

What condition was the *Kirk* in at this point?

The ship was a tired lady. And we were dirty, totally out of supplies. We had no chance to take care of our everyday . . . You must keep in mind that 185 people alone can generate a lot of trash, some of which cannot be thrown overboard. Much of our trash we couldn't throw overboard because we were within the territorial waters of another sovereign country. So we were tired and beat up and basically, as the Navy called it, we were category C-4. We were not ready to do anything but be tied up to the pier and brought back to a readiness condition.

You put into Guam after all this and at that time you were reunited with some of the women who you had cared for.

We went from Subic Bay to Guam for availability ship repair facility in Guam to have some work done on our auxiliary engines and our main power plant. At that time a great number of the Vietnamese refugees had been flown to Guam to an area called Orote Point, which used to be an air station in World War II. They erected tents out there and housed the Vietnamese in them.

We were able to run across many of the Vietnamese refugees we had taken care of. One lady, in particular, we had assisted from the Vietnamese ship, *Tan Nam Viet*. She spoke fairly good English and she acted as my interpreter. We were able to have a reunion with them before they were sponsored to go on to places like Eglin AFB here in Florida, Camp Pendleton, and other points in the U.S.

CAPT Jacobs has said that it was a very unique situation you were all thrown into at that time and totally unexpected. He said the *Kirk* went from being a man-of-war to a humanitarian assistance ship in an instant. And it was remarkable what happened then.

It was remarkable what happened to the *Kirk* because we were an anti submarine warfare ship. Just overnight we became a humanitarian ship and we were not outfitted for that. I must say that the crew responding tremendously. I couldn't be more proud of a group of gentlemen . . . and I think they took great pride in helping these people when they realized the situation they were in. After all, we were going home and we had a home to go to. They had just left their home and didn't know what was facing them in the future.

It's been more than 30 years since all that happened. Do ever think about it much any more?

At the risk of being classified with post-traumatic stress syndrome, yes I do. I think about the *Kirk* and those times probably every day. And I think of the war almost every day. Quite frankly, I think it was a waste of time. I think we could have gone about it differently. I think we were trapped into a situation in which we did the best we could. But our best wasn't good enough.

Do you think about the refugees? Do you wonder where they might be?

I think of the refugees very often. Almost every day, something reminds me of them, whether it be the books and things I have in this house or not. Luckily, I've been able to see some of the refugees and I know through them that for the most part, they have taken on a very successful second life. And the "great adventure" turned out well for them. Due to some circumstances health-wise, I've only been able to make one reunion of the *Kirk*. It was great seeing those people. It was wonderful seeing the success that most of the crewmembers have had in their life whether they stayed in the Navy or they got out. I can think of a young man, Petty Officer [Don] Cox, who was from our air det., who is now vice president of a large aerospace company. And there are many other success stories like that. And I like to think that their time in rendering that humanitarian aid made them see that they were only one small part of very big picture. One person can truly make a difference in this life.